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REVOCATION OF POWER OF  
ATTORNEY WITH  
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AND  
CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/730,780
Filing Date	11/24/2003
First Named Inventor	HODGES
Art Unit	3029
Examiner Name	ANTONILENKO
Attorney Docket Number	BS 030350

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number: ☒ Please change the correspondence address for the above-identified application to:☒ The address associated with  
Customer Number:


38516

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Scott P. Zimmerman PLLC		
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I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

Signature			
Name	Scott P. Zimmerman		
Date			
Telephone	(919) 469-2629		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

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&  
37 C.F.R. § 3.73 EXCLUSION OF INVENTIVE ENTITY**

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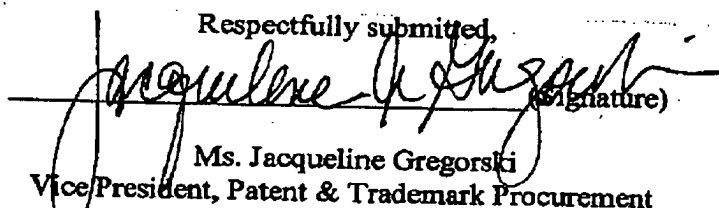
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